Birth Plan

every baby guilford

GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH

NAME: **PRONOUNS:** **AGE:**

RACE/ETHNICITY: **DUE DATE:**

DOCTOR/MIDWIFE: **BABY NAME:**

LOCATION:

SETTING: ☐ hospital ☐ birth center ☐ home **I ALSO NEED:** ☐ transportation ☐ interpreter

BIRTH TYPE: ☐ vaginal ☐ cesarean ☐ VBAC ☐ water **INDUCTION DATE:**

HEALTH FACTORS:

ALLERGIES:

Birth Team

Name: Relationship: Role:

Medical Interventions/Induction

In case of C-section, I would like:

☐ one free arm ☐ clear drapes ☐ to stay awake

I consent to the following procedures:

- ☐ Cervical checks
- ☐ Epidural
- ☐ Episiotomy
- ☐ Pitocin
- ☐ Electronic fetal monitoring (continued or intermittent)
- ☐ Membrane sweep
- ☐ Cervix ripening agents (pill, gel, or vaginal insert)
- ☐ Amniotomy (intentional breaking of water)
- ☐ Cervix balloon
- ☐ IV Connection

Pain Management

If medically possible, I would prefer:

- ☐ Breathing/Meditation
- ☐ Massage
- ☐ Nitrous Oxide
- ☐ Visualization
- ☐ Hydrotherapy
- ☐ IV Medication
- ☐ Epidural
- ☐ Vocalization (low moaning or grunts)
- ☐ Changing Positions:
  - ☐ lying on back
  - ☐ lying on side
  - ☐ squatting
  - ☐ standing
  - ☐ on all fours

Comfort Measures

- ☐ music played (I will provide)
- ☐ the lights dimmed
- ☐ the room as quiet as possible
- ☐ as few interruptions as possible
- ☐ birth affirmations
- ☐ aromatherapy
- ☐ to walk/ movement
- ☐ to film and/or take pictures
- ☐ birthing/ Peanut Ball
- ☐ to stay hydrated with clear liquids and ice chips
- ☐ to eat and drink as approved by my doctor
- ☐ only my own doctor and nurses in the room (no students, residents or interns)

Newborn Procedures

- ☐ All procedures and medications are to be explained to me beforehand.
- ☐ I want my baby to be circumcised.
- ☐ Golden hour (1 hour of uninterrupted skin to skin contact)
- ☐ Newborn vaccines (vitamin K shot, eye - ointment)
- ☐ Infant Feeding: BF/ formula/ Donated Human milk
- ☐ If my baby has to be taken from me for medical treatment, I want my support person to go with them.
- ☐ I want to keep my placenta for encapsulation or artwork. (A cooler must be provided by the family.)
- ☐ Cord Care: Cut/Delayed cord clamping Who will cut umbilical cord?

Additional Notes